# **Monthly Expenditure Report**



**Reporting Month: October 2023 Budget Fiscal Year: 2023-2024** 

NC Name: Coastal San Pedro Neighborhood Council

Monthly Cash Reconciliation							
Beginning Balance	Commitments	Net Available					
\$38939.11	\$2643.17	\$36295.94	\$500.00	\$4000.00	\$31795.94		

Monthly Cash Flow Analysis								
Budget Category	Adopted Budget	Total Spent this Month	Unspent Budget Balance	Outstanding	Net Available			
Office		\$143.17		\$0.00				
Outreach	\$31000.00	\$0.00	\$27795.94	\$500.00	\$27295.94			
Elections		\$0.00		\$0.00				
Community Improvement Project	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Neighborhood Purpose Grants	\$11000.00	\$2500.00	\$8500.00	\$0.00	\$8500.00			
Funding Requests Under	Review: \$4000.00	Encumbrar	nces: \$0.00	Previous Expenditures: \$3060.89				

	Expenditures							
#	Vendor	Date	Description	<b>Budget Category</b>	Sub-category	Total		
1	DNH GODADDY.COM	10/23/2023	Approval of Monthly Expenses, including approval of Treasurer's payment of all recurring Neighborhood Council expenses including (but not limited to) Bridgegap Temporary Staffing and Services Agency in the amount not to exceed \$1,000 per month, le Mailroom in the amount not to exceed \$1,000 per month, office supplies in the amount not to exceed \$1,000 per month, an amount not to exceed \$300 for refreshments for the monthly Board meeting, and an amount not to exceed \$200 for cleaning fees after t	General Operations Expenditure	Office	\$23.17		
2	Angels Gate Cultural Center	09/05/2023	The Coastal San Pedro Neighborhood Council shall allocate a sum \$2,500 as a Neighborhood Purpose Grant to support the Many Winters Gathering of Elders.	Neighborhood Purpose Grants		\$2500.00		
3	Angels Gate Cultural Center	09/18/2023	Approval of Monthly Expenses, including approval of Treasurer's payment of all recurring Neighborhood Council expenses including (but not limited to) Lloyd Staffing, Bridgegap	General Operations Expenditure	Office	\$120.00		

Subtotal: \$2643.17

Outstanding Expenditures								
#	Vendor	Date	Description	Budget Category	Sub-category	Total		
1	San Pedro Chamber of Commerce	11/27/2023	Resolved, the Coastal San Pedro Neighborhood Council allocates and authorizes the expenditure of \$500 to be paid to the San Pedro Chamber of Commerce for the purpose of sponsoring the 202	General Operations Expenditure	Outreach	\$500.00		
	Subtotal: Outstanding	g				\$500.00		

# Receipt

Nº 2773585688

CONTACT US 24/7 1-480-505-8877

DATE: 10/23/2023 CUSTOMER #: 68863798 BILL TO: Kristina Smith N Spring St 200, Los Angeles, California 90012, **United States** Coastal San Pedro Neighborhood Council +1.3109188650 PAYMENT: \$23.17 MasterCard ••• 7559 \$23.17 **Previous Balance Received Payment** (\$23.17)\$0.00 **Balance Due (USD) Product Term Amount** \$22.99 1 yr .ORG Domain Renewal CSPNC.org  $^{1}$ \$22.99 Subtotal

Total (USD) \$23.17

\$0.00

\$0.18

1/2

### REFERENCE

**Taxes** 

Fees

about:blank

	Taxes	\$	0.00
GoD	Paddy.com, LLC	\$	0.00
2155	5 E GoDaddy Way,		
Tem	pe, Arizona 85284,		
Unit	ed States		
	Fees	\$	0.18
1.	ICANN		\$0.18
	CSPNC.org	\$0.18	3

**Universal Terms of Service** 

Office of the City Clerk						(1	
Administrative Services Division						See articules	100 Mg
Neighborhood Council (NC) Funding Progr	am					i CTle	
Board Action Certification (BAC) Form						Cdy	ONOTO HE
NC Name:			Meeting Date:				
Budget Fiscal Year:	T		Agenda Item N	o:			
Board Motion and/or Public Benefit							
Statement (CIP and NPG):							
Method of Payment: (Select One)	☐ Check		☐ Credit Card		☐ Boar	d Member Reimb	ursement
Recused Board Member	s must leave the room nri		e Count sion and may no	t return to the r	nom until after t	the vote is comple	ete
Board Member's First and Last Name	Board Position				until after the vote is complete.		
board Wember's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
Board Quorum:	Total:						
We, the authorized signers of the above i	L		I at the information	n presented on	this form is acci	Irate and comple	L te. and that a nublic
meeting was held in accordance with all meeting where a quorum of the Board was	laws, policies, and proced						
Authorized Signature Sheryl Ak	erblom		Authorized Sigr	nature: DAII	alas Es	perhart	
Print/Type Name:			Print/Type Nam	ne:	June G	" - CGWW	
Date:			Date:				

## Neighborhood Council Funding Program

## **APPLICATION** for Neighborhood Purposes Grant (NPG)



This form is to be completed by the applicant seeking the Neighborhood Purposes Grant and submitted to the Neighborhood Council from whom the grant is being sought. All applications for grants must be reviewed and approved in a public meeting Upon approval of the application the Neighborhood Council (NC) shall submit the application along with all required documentation to the Office of the City Clerk, NC Funding Program.

Coastal San Pedro Neighborhood Council Name of NC from which you are seeking this grant: SECTION I- APPLICANT INFORMATION 8/22/1985 95-3688214 Angels Gate Cultural Center Date of 501(c)(3) Federal I.D. # (EIN#) State of Incorporation Organization Name Status (if applicable) San Pedro 90731 1b) 3601 S Gaffey St HOX Zip Code Organization Mailing Address 10) Zip Code State City Business Address (If different) 1d) PRIMARY CONTACT INFORMATION gatheringofelders92@gmail.com Stephanie Mushrush Email Name 2) Type of Organization-Please select one: ≤ 501(c)(3) Non-Profit (other than religious institutions: ☐ Public School (not to include private schools) Attach IRS Determination Letter Attach Signed letter on School Letterhead 90731 San Pedro Many Winters Gathering of Elders Zip Code State City 3) Name / Address of Affiliated Organization (if applicable)

### SECTION II - PROJECT DESCRIPTION

4) Please describe the purpose and intent of the grant.

The Many Winters Gathering of Elders is a four-day event where Native/Indigenous elders from all over the country share teachings through oral tradition, song and ceremony. There are also film screenings, workshops, and three meals a day are provided free of charge. The event is free, family-friendly, open to the public and draws over a thousand people, including school groups from across LA County. The event is an important way for the Native/Indigenous community to celebrate 530+ years of spiritual survival and heal from historical trauma. It also allows the general public to learn the traditional knowledge that has sustained Native lifeways. The first Gathering was held in 1992, this year is the 17th edition. Like many other community resources, the Gathering was hit hard by the pandemic. It's taking an extra push to rebuild this long-standing part of San Pedro's cultural landscape. This orant would cover just over a quarter of our food budget, fully funding 3 nutritious meals.

How will this grant be used to primarily support or serve a public purpose and benefit the public at-large (Grants cannot be used as rewards or prizes for individuals)

This grant would cover just over a quarter of our food budget, covering three nutritious meals (at \$800 each).

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nay also provide the Budget Outline Personnel Related Expenses		Requested of NC	Total Projected Co
None		\$	\$
110110		\$	\$
		\$	\$
Non-Personnel Related Expense	s de la companya de l	Requested of NC	Total Projected Co
Food budget (3 free meals a day		\$2,500	\$9,600
Food budget (5 free frieats a day	provided to public for 4 days)	\$	\$
SEE ATTACHED FOR FULL BUI	DOET OUTLINE	s	s
SEE ATTACHED TON TOLE BOI	DOL! COTEINE	ΙΨ	TV .
ve you (applicant) applied to any of No Yes If Yes, the implementation of this specific	please list names of NCs: Central S	San Pedro Neighborhood Council, Nor	thwest San Pedro Neighborhood C
ources or funding? (Including NPG	applications to other NCs)	No ☐ Yes If Ye	s, please describe:
Source of Funding		Amount	Total Projected Co
		\$	\$
		\$	\$
		s application: \$2,5	<b>&gt;</b>
ON IV - POTENTIAL CONFLICTS	OF INTEREST		
TION IV - POTENTIAL CONFLICTS  Do you (applicant) have a current of the conflict of the confli	OF INTEREST	pard Member of the NC	?
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TON IV - POTENTIAL CONFLICTS  To you (applicant) have a current of No  Yes  If Yes, Name of NC Board Member  Tyes, did you request that the board Yes  No  *(Please note the participates in the discussion grant in its entirety.)  TON V - DECLARATION AND SIGN by affirm that, to the best of my accurately stated. I further affirm that I am no perform that I am no perf	or former relationship with a Boplease describe below:  ard member consult the Office of hat if a Board Member of the Non and voting of this NPG, the NATURE  knowledge, the information poment that I have read the document that the proposed project(s) conflict of interest exist that it a current Board Member of the grant received is not us need immediately to the Neight Corporation or School Principal Executive Director  Title	Relationship of the City Attorney be IC has a conflict of in NC Funding Program  rovided herein and conents "What is a Pull and/or program(s) fat would prevent the atthe Neighborhood Council.  al - REQUIRED*  Signature	fore filing this applicated the payor of the New York and I amount of the terms of
ON IV - POTENTIAL CONFLICTS o you (applicant) have a current of No	or former relationship with a Boplease describe below:  ard member consult the Office of hat if a Board Member of the Non and voting of this NPG, the NATURE  knowledge, the information poment that I have read the document that the proposed project(s) conflict of interest exist that it a current Board Member of the grant received is not us need immediately to the Neight Corporation or School Principal Executive Director  Title	Relationship of the City Attorney be IC has a conflict of in NC Funding Program  rovided herein and conents "What is a Pull and/or program(s) fat would prevent the atthe Neighborhood Council.  al - REQUIRED*  Signature	fore filing this applicated the payor of the New York and I amount of the terms of

\* If a current Board Member holds the position of Executive Director or Secretary, please contact the NC Funding Program at (213) 978-1058 or <a href="mailto:clerk.ncfunding@lacity.org">clerk.ncfunding@lacity.org</a> for instructions on completing this form

# MANY WINTERS GATHERING

## FOOD BUDGET

And the second s

\$ 400 Bread/Rolls

\$ 600 Lunch Meat

\$ 350 Rice/Beans/Pasta

\$1,000 Beef/Chicken/Pork

> \$ 150 Condiments

\$ 2,500 Total budget

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Date: AUG. 22, 1985

ANGELS GATE CULTURAL CENTER INC

3701 SOUTH GAFFEY ST BLDG 847 SAN PEDRO, CA 907310000 Dete.

1545-0056

OMB Clearance Number:

Employer Identification Number:

95-3688214

Contact Person:

JULES, NORMA JEAN

Contact Telephone Number:

213-894-4170

Our Letter Dated: July 26, 1982

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi). Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes a notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and 170(b)(1)(A)(vi) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) and 170(b)(1)(A)(vi) organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

District Director

INTERNAL REVENUE SERVICE EP/EO Division Rm 5127 Post Office Box 2350 Los Angeles, Ca 90053 - Carrel

Office of the City Clerk						,	
Administrative Services Division						and Southers (	EQ LOS MOR
Neighborhood Council (NC) Funding Progr	am					city of	
Board Action Certification (BAC) Form						The Che	Whore the
NC Name:			Meeting Date:				
Budget Fiscal Year:			Agenda Item No	0:			
Board Motion and/or Public Benefit Statement (CIP and NPG):							
Statement (Cir and NrG).							
Method of Payment: (Select One)	☐ Check	Vot	Credit Card		☐ Board	d Member Reimb	ursement
Recused Board Members	s must leave the room price			t return to the ro	oom until after t	he vote is comple	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
	200.0100.00			713010111	71300110	egz.e	
Board Quorum:	Total:						
We, the authorized signers of the above r meeting was held in accordance with all I meeting where a quorum of the Board was	aws, policies, and procedu						
Authorized Signature Sheryl Aker	-hlow		Authorized Sign	ature: DAIII	slan El	perhart	
Print/Type Name:	VVVIII		Print/Type Nam	ie:	g our of	y sawa	•
Date:			Date:				

### **Angels Gate Cultural Center**

3601 S. Gaffey St. Box 1 San Pedro, CA 90731 US 310.519.0936 Terry@angelsgateart.org www.angelsgateart.org

### Invoice



### **BILL TO**

Coastal Neighborhood Council Coastal San Pedro Neighborhood Council

#### SHIP TO

Coastal Neighborhood Council Coastal San Pedro Neighborhood Council

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
IN-236882	09/12/2023	\$120.00	10/01/2023	Due on receipt	

DATE	DESCRIPTION		AMOUNT
	Rental of G Classroom, 9/18/23, 6-9pm		120.00
		SUBTOTAL	120.00
		TAX	0.00
		TOTAL	120.00
		BALANCE DUE	\$120.00

Office of the City Clerk						,	
Administrative Services Division						and Southers (	EQ LOS MOR
Neighborhood Council (NC) Funding Progr	am					city of	
Board Action Certification (BAC) Form						The Che	Whore the
NC Name:			Meeting Date:				
Budget Fiscal Year:			Agenda Item No	o:			
Board Motion and/or Public Benefit Statement (CIP and NPG):							
Statement (Cir and NrG).							
Method of Payment: (Select One)	☐ Check	Vot	Credit Card		☐ Board	d Member Reimb	ursement
Recused Board Members	s must leave the room price			t return to the ro	oom until after t	he vote is comple	ete.
Board Member's First and Last Name	Board Position	Yes	No	Abstain	Absent	Ineligible	Recused
	200.0100.00			713013111	71300110	egz.e	
Board Quorum:	Total:						
We, the authorized signers of the above r meeting was held in accordance with all I meeting where a quorum of the Board was	aws, policies, and procedu						
Authorized Signature Sheryl Aker	-blom		Authorized Sign	ature: Davi	alan. Es	Sperhart	<u>-</u>
Print/Type Name:	VVVIII		Print/Type Nam	e: 0	June (		•
Date:			Date:				